DOCUMENT RESUME

ED 156 796 UD 018 436

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TITLE The American Psychiatric Association Decision on Homosexuality.
PUB DATE [78]
NOTE 30p.

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Civil Liberties; Civil Rights; *Discriminatory Legislation; *Homosexuality; Mental Illness; *Political Issues; Psychiatrists; *Psychiatry; Sexuality; Social Discrimination; Social Status
IDENTIFIERS *American Psychiatric Association

ABSTRACT

This paper describes the events leading to and the process by which the American Psychiatric Association decided that homosexuality is not itself a psychiatric disorder. This change was an amendment to the official Diagnostic and Statistical Manual of Mental Disorders. The data come from the analysis of documents and unstructured interviews. The role of gay liberation groups and of liberal factions within the American Psychiatric Association are discussed. Possible consequences of the decision are considered. (Author/MC)

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THE AMERICAN PSYCHIATRIC ASSOCIATION DECISION ON HOMOSEXUALITY*

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UD018436

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*Harvey Molotch, Anselm Strauss, Sally Spector and Roy Bailey made very helpful criticisms of previous drafts of this paper. This is an expanded version of a paper first published in Society, Vol. 14, No. 5, July/August 1977, pp. 52-56.

THE AMERICAN PSYCHIATRIC ASSOCIATION DECISION ON HOMOSEXUALITY

Abstract

This paper describes the decision of the American Psychiatric Association that homosexuality is not itself a psychiatric disorder. This change was an amendment to the official Diagnostic and Statistical Manual of Mental Disorders. The role of gay liberation groups and of liberal factions within the APA are discussed as well as some possible consequences of the decision.

"When a subject is highly controversial - and any question about sex is that - one cannot hope to tell the truth. One can only show how one came to hold whatever opinion one does hold."

Virginia Woolf

For more than a quarter of a century a variety of groups and individuals have been working to eliminate the stigma attached to homosexuality. The accomplishments of this long concerted effort are evident in the repeal of some repressive laws, the enactment of human rights codes explicitly forbidding discrimination on grounds of sexual preference and in the emergence of gay service organizations and commercial enterprises. Homosexuality is no longer a taboo subject in the mass media, newspapers or popular culture.

The law has been a favorite target for gay reform groups and therefore the subject of social and legal studies of changing definitions of homosexuality. How can homosexuality be integrated and normalized into a society where it is illegal? The movement to decriminalize homosexuality is well launched and will no doubt continue. However, legal reform can not itself bring about a complete redefinition of homosexuality. Gay activist groups are searching for other institutions that repress or inhibit homosexuals' liberation.

The professions, particularly those that concern human behavior, are a growing locus of the struggle for homosexual liberation. Groups within the professions as well as outside protest groups have been scrutinizing the official pronouncements and practices of their associations. A group within the American Library Association has

insisted that classifying books on gay liberation under the heading Sexual Perversion is both inaccurate, bad librarianship and oppressive to homosexuals. Psychologists have questioned the value judgments implicit in indexing work on homosexuality under the heading Abnormal behavior.

The decriminalization of homosexuality has left untouched the many institutional arrangements that define homosexuality as mental illness or psychiatric disorder. Psychiatrists, psychoanalysts, their professional organizations and licensing bodies and official scientific journals seem to be the natural custodians, defenders and ultimate authority of the mental illness perspective on homosexuality. Recently, they have attracted gay rage in the struggle to free homosexuality from its remaining disrepute.

Beginning in the late 1960's gay groups demonstrated at psychiatric conferences and disrupted panels on behavior modification. Such groups were active at annual conventions of the American Psychiatric Association (APA) in Miami (1969), San Francisco (1970) and Washington D.C. (1971) Psychiatric News, the APA newsletter carried the headline, "Annual Meeting Rocked by Protests, Disruptions", and reported that demonstrators forced the adjournment of a session on sexuality. In 1971 protests culminated in pushing and shoving matches. At Dallas in 1972 a masked gay psychiatrist spoke on a panel. (See Teal, 1971: 293-96; and Alinder, 1972, for gay accounts of these protests.)

In December, 1973, an official decision of the American Psychiatric Association declared that homosexuality "by itself does not necessarily constitute a psychiatric disorder." How this controversial decision was made is the subject of this paper.

Theory and Method

Sensitizing concepts for this research come from two traditions. One is a theory of social problems which directs attention toward the process of definition and redefinition of socially problematic phenomena. (Spector and Kitsuse, 1977). This theory counsels the analyst not to engage in the debate over whether homosexuality is a disease or a style of life, but rather to make that debate the object of study. The problematic issue is not the true nature of homosexuality, but instead how some definitions win social acceptance over others.

The second source of theory is the conception of the professions that emphasizes political processes within a profession, among professional groups, and between professions and outside interest and pressure groups. Freidson, (1970), Becker (1962) Bucher and Strauss (1961) and Hughes (1971) direct attention to social movements and conflict among segments of a profession; they make problematic the homogeneity of professional "communities" and the criteria that sociologists traditionally use to separate the professions from more humble callings. Most important

they nurture a research tradition that does not focus narrowly on the work of professional practitioners with their clients or patients. Rarely does the traditional sociological approach analyse the inner life of professional associations; nor does it describe the professional running for office, serving on boards of trustees, creating new organizations, founding journals, refereeing research proposals, negotiating with licensing boards, giving expert testimony or drafting legislation.

My data come from the analysis of documents and unstructured interviews. The former consist of the many publications generated by the controversy over homosexuality and a large number of letters, memos, clippings and preliminary drafts of position papers made available to me by my informants. I conducted the interviews in April, 1975. Each informant agreed to be interviewed on the record. When a piece of research treats a small number of individuals acting in official and public capacities, anonymity will not only not protect them (since they occupy unique roles and positions) it may limit their ability to reply or rebut statements imputed to them.

At another level the identification of specific individuals eliminates a tendency to speak of "society's definition of homosexuality". Society does not have a definition. Individuals and groups in a society may lobby for and create sets of categories and policies. These groups and individuals are in principle identifiable. The

research problem is to identify the participants and describe their activities.

DSM-II

The American Psychiatric Association, through its Task Force on Nomenclature and Statistics, publishes a pamphlet called the Diagnostic and Statistical Manual of Mental Disorders (DSM). It is an Americanized version of the "mental disorders" section of a World Health Organization document, the International Classification of Diseases (ICD). The first edition, DSM-I, published in 1951, was based on ICD - 6 (the sixth edition); DSM-II, (published in 1968) modified ICD-8; DSM-III is projected for 1978 to coincide with ICD-9.

These manuals are used primarily to keep hospital records to fill out insurance forms, court reports and other formal documents. They provide a standardized list of diagnostic terms for administrative purposes. An insurance company reimbursing a policy holder for psychotherapy may ask the therapist for a term and its associated number from DSM-II. A psychiatrist treating a patient for a fear of snakes might put down "phobic neurosis" and its associated number: 300.2. A great many therapists who have exclusively private practices have very little use for DSM-II, rarely consult it and may not even own a copy.

The nomenclature is not universally viewed as a mere administrative convenience. The classification of diseases

into a taxonomy is a sub-specialty of medicine called nosology. The Task Force on Nomenclature and Statistics attracts nosologically oriented persons who feel that precise diagnoses are vital to psychiatry. They feel the official nomenclature should contain all scientifically validated diseases, disorders and syndromes; it should summarize the state of the art and provide a guide for researchers and therapists alike. (Other psychiatrists feel that only the grossest distinctions are reliable - i.e. psychoses versus neuroses - and that many fine distinctions in the nomenclature have little or no implication for treatment.)

In DSM-I homosexuality was only mentioned in passing in a supplementary text as one form of sexual deviation under the general rubric Sociopathic Personality Disturbance. (Category 52.2). In DSM-II homosexuality has its own number (302.0) and is the first mentioned sub-category under the heading Sexual Deviation. The official decision of the American Psychiatric Association approved by its Board of Trustees in December, 1973 changed the title of line 302.0 from "Homosexuality" to "Sexual Orientation Disturbance (Homosexuality)" and inserted into the explanatory text the following paragraph:

> This category is for individuals whose sexual interests are directed primarily toward people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual

> orientation. This diagnostic category is distinguished from homosexuality which by itself does not necessarily constitute a psychiatric disorder. Homosexuality per se is one form of sexual behavior and, like other forms of sexual behavior which are not by themselves psychiatric disorders, is not listed in this nomenclature of mental disorder...Sexual orientation disturbance is thus a subject of the previous category, homosexuality. (American Psychiatric Association, 1974).

In an accompanying "Position Statement on Homosexuality and Civil Rights" the Board deplored all public and private discrimination against homosexuals and urged the enactment of civil rights legislation to protect homosexuals and the repeal of all discriminatory legislation against homosexual behavior. It declared that:

> Homosexuality per se implies no impairment in judgment, stability, reliability or general social or vocational capacity, therefore...no burden of proof of such judgment capacity or reliability shall be placed upon homosexuals greater than that imposed on any other person. (American Psychiatric Association, 1974: 497).

It further deplored the use of "pejorative connotations" derived from diagnostic or descriptive terminology used in psychiatry" as the basis for such discrimination.

How the Change Came About

In the fall of 1972 two independent sets of activities began that led directly to the December 1973 decision. One was a motion presented to the Massachusetts Psychiatric Society from its Social Issues Committee. The second was an interest in changing the official terminology by a member of the Task Force on Nomenclature and Statistics. The former action merged into the latter after May 1973 and the final decision is a composite of the two.

Massachusetts Psychiatric Society

No specific event or dramatic incident moved the Social Issues Committee of the Massachusetts Psychiatric Society to consider a policy statement on homosexuality. The committee had been considering a variety of social issues: abortion, teenage sexuality, promiscuity, homosexuality, the Viet Nam War, drugs. During the fall of 1972 they met to discuss homosexuality. Members of the committee told me their interest in this subject had been spurred both by gay liberation demonstrations at national conventions and by homosexual patients who complained of psychiatric hostility to gays. Richard Pillard, psychiatric advisor to the Boston gay counseling center, addressed the committee and subsequently he and committee chairman, Lawrence Hartmann, drafted four resolutions and a position statement on homosexuality. They demanded an end to job discrimination and legal restrictions on sexual acts, and the following:

> Homosexuality per se should not be considered an illness and APA nomenclature on this subject should, therefore, be altered... The term "Sexual dysfunction" including some homosexuals and some heterosexuals (predominantly those troubled by their sexuality) could helpfully be inserted into the APA nomenclature and the diagnostically troublesome and socially much abused term "homosexuality" be removed. (Massachusetts Psychiatric Society, 1972, p. 4).

Hartmann's package was approved by the Massachusetts Psychiatric Society in February, 1973, then by the regional association, "area one". It was placed on the agenda of the meeting of all area representatives at the annual convention in May, 1973. At the convention questions arose on the precise wording of the resolution; the regional sponsor asked for approval in principle but withrew the resolution for further reworking and polishing. This move disappointed the sponsors but meanwhile they had learned of the parallel work done by the nomenclature committee, and they concentrated their efforts on shaping its statement and securing its approval.

The Task Force on Nomenclature and Statistics

In October, 1972 the American Association for Behavior Therapy held its annual meeting in New York City. Its scheduled session on aversion therapy as a treatment for

homosexuality attracted the attention of the Gay Activist Alliance (GAA), a coalition of gay service and protest organizations in New York. GAA news and media relations chairman, Ronald Gold, attended the session, secured the floor and deflected the meeting from its announced agenda to a discussion of anti-homosexual biases in behavior therapy and psychiatry.

Following the session Gold found himself in heated discussion with Robert Spitzer, whom he discovered was a member of the APA Task Force on Nomenclature and Statistics. Gold had extended discussions with Spitzer which culminated in a request that the nomenclature committee meet formally with a gay delegation to hear arguments that changes be made in the official APA definitions. Spitzer conveyed this request to committee chairman Henry Brill. In Spitzer's words "We couldn't think of any good reason not to meet them", so a meeting was arranged in New York for early February, 1973. There a gay delegation made oral presentations, distributed written statements and invited discussion. Their brief relied heavily on scholarly literature in psychiatry and related fields that supported the view that homosexuality was not an illness, but a life style and a preference. They argued that psychiatry was used to abridge the civil rights of homosexuals and support job discrimination. No rival groups made presentations or were consulted. The next day the New York Times quoted chairman Brill that some change certainly seemed called for.

The Role of Robert Spitzer

Following the February, 8 meeting chiarman Brill said to Spitzer: "Well, Bob, you got us into this, get us out of it." (Interview with Spitzer). Spitzer is the person most closely associated with the final decision. It would of course be wrong to attribute the change solely to his efforts. However, he organized and chaired a very well attended panel on homosexuality at the May, 1973 annual convention in Honolulu. He authored the resolution and position paper, guided them through his committee, and has subsequently defended them against their detractors. (Spitzer, 1974).

Spitzer was not a gay liberation crusader; nor did he become one. He was not an authority on homosexuality and did not claim to follow closely the voluminous literature on the subject. Nor had he had any systematic or extensive therapeutic contact with homosexuals:

> Spitzer: I went to this conference on behavioral modification which the gay lib group broke up. I found myself talking to a very angry young man. At that time I was convinced homosexuality was a disorder and that it belonged in the classification. I told him so. (Interview with Spitzer).
>
> ---
>
> Gold: He said he believed the illness theory. I said, alright who do you believe? And he

> hadn't read any of it... But he happened to know Socarides and thought he was a nut. Who do you believe? Bieber? Well, I don't know. Have you read it? No. But they all believed it (Interview with Gold).

Spitzer did not take a stand until after the APA convention. Rejecting the extreme life style view he described homosexuality as "a form of irregular sexual behavior" (Spitzer, 1973: 1215) and he reserved the proposed new category - "Sexual Orientation Disturbance" - for homosexuals who are disturbed by their sexual preferences, not anyone who is so disturbed.

In early June, 1973 Spitzer circulated a draft of his paper to a number of colleagues, primarily proponents of the "life style" school. Judd Marmor, the most prominent liberal spokesman within psychiatry, a member of the Board of Trustees of the APA, and a future president of that organization, wrote to Spitzer:

> I think the use of the word "irregular" in defining homosexuality as a form of sexual development is open to the same kind of criticism as the word deviant would be. It has a pejorative connotation. After all, it must be better to be "regular" than "irregular", n'est pas? I think it would be less pejorative and more neutral to define it as a "variant" form of sexual

development and let it go at that. (letter to Spitzer, June , 1973).

Spitzer retained the term "irregular" but the text finally approved by the Board of Trustees refereed to homosexuality as "one form" of sexual behavior. Spitzer also rejected the suggestion of Lawrence Hartmann that the new category refer both to homosexuals and heterosexuals but he did accept a number of suggestions that pushed the document toward a slightly more liberal stance. On major issues Spitzer resisted attempts to make the document an uncompromised statement of the life style view.

In spite of his leadership in sponsoring the change in nomenclature, Spitzer occasionally made public statements that greatly displeased gay liberation groups. For example, at the press conference announcing the decision, Spitzer remarked:

> This is not to say that homosexuality is "normal" or that it is as desirable as heterosexuality... Many people will interpret this (decision) to mean that we are saying it is normal. We're not saying that; we're not saying it is abnormal. The terms normal and abnormal are not really psychiatric terms. (quoted in Psychiatric News, January 4, 1974).

Opposition to the Decision

Opposition to the change in nomenclature was led by

the New York psychoanalysts, Irving Bieber and Charles Socarides. Both have written on homosexuality, have had extensive clinical experience with homosexuals, and been active spokesmen for illness view. In April, 1973 an ad hoc committee of psychiatrists led by Bieber wrote to APA Medical Director, Walter Barton, asking that a study group be set up that would include proponents of the "Freudian" position. It argued that the nomenclature committee contained no recognized experts on homosexuality and neither had a recent NINH study group.

> Homosexuality is always the consequences of disordered sexual development. We consider dropping the term to be a serious scientific error. Such an action would also interfere with effective prophylaxis. Pre-homosexual boys are easily identifiable and should be treated. (Letter from committee to Barton, April 9, 1973).

Some letters addressed to APA leaders, together with the responses to them, were widely circulated and became semi-public documents. In addition, Psychiatric News printed many letters to the editor on the subject. The following examples represent the tone and style of argument used to persuade the APA to resist the change:

> The male and female generative organs were intended to meet as nature's plan for survival of the species - whether all sexual activity

> is now considered reproduction oriented or not. If all were homosexual, our species would become extinct. That says something about normality - or health... There are trying times - similar to those described by Socrates in a failing democracy. "Fathers are afraid of their sons; teachers become the toady to their pupils". (Letter: N.S. to Brill, September 17, 1973).

Another letter quoted "A Bolivian proverb... what is hatched a hen must not try to be a rooster, and vice versa." A final example:

> The term "psyche" derived from the Greek word signifying soul, is represented in art as a tiny winged being, a butterfly. The members of the Board of Trustees of the APA are not butterflies. They are men and should act like men. Let's urge them to reverse their cup cake decision. (Psychiatric News, April 3, 1974)

Following the December, 1973 decision, Charles Socarides circulated a petition, gathering the two hundred signatures required for a referendum of the entire APA membership. It's purpose was to overturn the decision and maintain the definition of homosexuality as disorder. This maneuver was undoubtedly embarrassing and distressing to the association. The provision for referenda is a recent innovation in the APA constitution. As is well known by

the APA members, it resulted from the failure of the executive to allow the business meeting of the 1970 annual convention to debate the Cambodian invasion and the Kent State massacre. An Ad Hoc Committee of Concerned Psychiatrists then demanded a means for allowing members to take stands on public issues. The referenda procedure has been used only once previously to December 1973, on the issue of the Viet Nam War. Many felt it was inappropriate to use a plebiscite to decide a "scientific" question. Letters to the editor ridiculed the profession for proposing to vote a disease in or out of existence. The leadership felt, however it could not constitutionally refuse the Socarides petition. They scheduled the vote for early April, 1974 and simultaneously they set up an ad hoc committee on the use of referenda.

In the three months preceding the vote, both sides lobbied for support. Socarides approached the American Psychoanalytic Association and urged it to make a public statement supporting the illness theory. It refused. Spitzer and the GAA raised money to sponsor a letter to the entire APA membership. They drafted a letter and asked each of the candidates for the positions of APA president and vice president if they agreed with the letter, and if so to signed it. All agreed and signed. Therefore each member of the APA received a letter signed by all of their leadership candidates urging them to support the decision already taken, and to repudiate Bieber, Socarides and their

supporters. Nowhere did the letter indicate that gay liberation groups had sponsored or paid for the mailing.

Spitzer: We knew the other side would be angry with what we did. Frankly, I was worried by the referendum. (You thought you could have lost?) Oh yes, we were very apprehensive, and we didn't win by much did we? ...If we had lost, I probably would have been asked to resign and just after becoming chairman at that... Now I'm sure that if we had put on the mailing that this announcement was sponsored and paid for by the GAA, the membership would have rejected it and resented that we tried to influence them in this way. (Interview with Spitzer).

Hartmann: That was the one tactless thing that happened... those of us two were in agreement about that saw nothing particularly wrong with the contents of the letter. But I think if you're sending a letter to psychiatrists signed by the president of the organization, and it's paid for by an interest group you say that on the letter. And that was unfortunate; otherwise I think the leaders behaved very responsibly. (Interview with Hartmann).

More than ten thousand psychiatrists (out of a membership of eighteen thousand) voted in the referendum. They supported the Board of Trustees' decision by 58 per cent to 42 per cent. Socarides and seven other psychiatrists charged that the vote was invalidated by the "dirty trick" letter. But an Ad Hoc Committee on the Conduct of the Referendum turned down their request for a new vote.

The Young Turks

The change in DSM-II took place in the midst of a considerable upheavel in the leadership of the APA. In recent years a group of self-styled "young turks" have been winning election to top APA offices. Many gained prominence in the Group for the Advancement of Psychiatry, a liberal body concerned with social issues and public policy related to psychiatry (not unlike the Society for the Study of Social Problems, and the Society for the Psychological Study of Social Issues.) They have displaced an older generation and its style of leadership. Recently, the APA executive officer, its Medical Director, Walter Barton, retired and was replaced by a member of the younger, more progressive action. One young turk described this change to me in an interview:

> The APA was a terribly stodgy organization which in the early 70's turned into a somewhat more socially aware organization. The young turks didn't entirely take over, but radically

> shook things up and proposed a few candidates who were liberal and worked to get them elected; somewhat to our surprise we began getting them elected... This used to be an organization where if you were very old and dignified you were pushed upstairs to a nice honorary position and did nothing but sit there and look dignified. Those people would not have changed DSM-II.

Without this new leadership, some proponents of the change would not have bothered to try to move the organization. The young turk style may be read in the following extract of a letter by John Speigel, APA president to a psychoanalyst who had written a letter strongly critical of the decision:

> Few actions of the APA have been subjected to such comprehensive scrutiny... Now comes (N.S.) announcing, on what authority we are not told, that this decision represents an "unscientific response to pressure." How am I to reconcile this brash statement with any hint of awareness of the work of Tom Kuhn - and many others - on the history of the development of scientific theory and the methods by which a research community established a new consensus? Am I being asked to believe that, because Bieber, Socarides and Co. claim to own and operate research on

> homosexuality for the psychiatric profession, they are to be considered as possessed by "the truth"?... You speak of homosexuals as "those unfortunates". If a large number of gay people have no complaint (other than suffering imposed on them by society) who are you to call them "unfortunates"? And if the majority of gays cause no suffering for others, how can you talk about "the necessity for human compassion"? Or do you simply dispense compassion out of surplus stock in order to maintain a market for your services? I advise you to think hard about that, convinced as you are that "integrity" is so easily compromised.

The unwillingness to defer to self-styled experts and the suspicion that they may have vested interests and not science behind them might have come from radical critics of the profession rather than from the president and spokesman of the largest professional association of psychiatrists in the United States.

The Impact of the Decision

The Gay Activist Alliance maintains an energetic and sophisticated laison with the press and mass media. The press conference of December 15, 1973 at APA headquarters in Washington was scheduled only after the GAA strongly urged APA president Alfred Freedman that the decision must

be publicized.

> Gold: One problem we had to face in the movement was that there were radicals in our organization who quite properly thought the whole thing with the psychiatrists was a crock of garbage and resented this whole new category. They wanted to sell the world on the idea that nothing really had been done. Our view was to tell the world that something has been done, messly mouthed as it is, because that's what's important, that people think that it's been changed. (Interview with Gold.)

Ironically the voluble and active opposition of Bieber and Socarides further spread awareness of the decision. A recent best selling novel (Hobson, 1975) incorporated the decision into its story.

The actual use of DSM-II categories may be little affected by the change. Many psychiatrists were and will remain extremely reluctant to use category 302.0 to describe a patient.

> (If you're seeing a homosexual patient, and had to fill out an insurance form...) I would still, now in 1975 not use the word homosexual, I think it is such a damaging word. (What's the most convenient one?) Depression is easy; anxiety neurosis is easy, adjustment reaction

> of adulthood or adolescence. Usually a patient has quite a few worries...I write as brief notes as I can. I use as vague and general categories as I think are compatible with the truth. Insurance companies realize that they are getting watered down diagnostic label; in order not to harm the patient.

Since the new category, sexual orientation disturbance, refer only to homosexuals, it will doubtless continue to be underused in official reports and statistics.

The change may contribute to a turnover in publicly recognized experts on homosexuality. The most recent edition (1975) of Freedman Kaplan and Sadock's, prestigious multi-authored text in clinical psychiatry shows an interesting shift of authorship. Irving Bieber, the author of the chapter on homosexuality in the previous edition (Freedman and Kaplan, 1967) was not asked to update his chapter. Instead, Judd Marmor, the leading exponent of the life style school, was invited to contribute. Bieber and Socarides have been the luminaries most frequently sought for comment by the press. Socarides has also figured prominently in several court cases as an expert witness. In one case, his testimony that most homosexuals have severe incapacitating problems gave weight to a decision that cost a homosexual his government job. (See Socarides, 1975, 87-90 for his view of the decision.)

In the future Socarides and others who support the illness theory may become less attractive witnesses. They

might be vulnerable to such questions as "Is it not true, Doctor, that the American Psychiatric Association has recently repudiated your position?" Judd Marmor and others who support the life style view may become the natural choice for expertise, further eroding the use of psychiatry to enforce prejudices and policies against homosexuals. One consequence of the public debate on homosexuality is that Bieber and Socarides have both publicly stated that no one should suffer discrimination or denied employment because of their sexual preferences. Both have vigorously declared that this has always been their position, but many observers have seen a change in their positions.

Finally, a variety of groups engaged in efforts to promote legislation to insure the civil rights of homosexuals cite the APA decision to support their case. These citations do not, of course, insure success: New York City has twice rejected a homosexual civil rights amendment since the decision. But the following example shows how the APA decision may become incorporated into the decision making and positions of other groups. It related to an action of the Board of Education in San Francisco:

> Dr. Eugene S. Hopp, the Board's only medical doctor, who had opposed including homosexuals (in the non-discrimination policy) two weeks before said he had consulted with his colleagues in psychiatry and had learned that the American

Psychiatric Association no longer considered homosexuality a "pathological state" (San Francisco Chronicle, June 18, 1975).

The Board subsequently included homosexuals among those protected by the non-discrimination clauses.

Summary

I have tried to explain the nature and process through which the American Psychiatric Association came to decide that homosexuality is not a psychiatric disorder. No single event explains the form, content or timing of the APA action. Gay Liberation groups found in the Diagnostic and Statistical Manual of Mental Disorders a visible symbol of psychiatric prejudice against homosexuality. They found a body of scholarly literature to buttress their position and made an alliance with a member of the Task Force on Nomenclature and Statistics. A social movement within the profession provided a more receptive ear to their demands and the profession subsequently repudiated an attempt by the traditional illness theory to reassert itself. The decision may be changing the alignment of publicly recognized experts on homosexuality and may further the movement to protect the civil rights of homosexuals.

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